All India Ayurveda Institute in Himachal Pradesh

1610. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is considering a proposal to set up an All India Ayurveda Institute at Himachal Pradesh;

(b) if so, the details in this regard;

(c) whether it is a fact that follow up action on the proposal has slowed down, and if so, the reasons for the slow down; and

(d) by when the Institute is likely to be set up finally?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) to (d) Does not arise.

Advertisement on Iodized salt

1611. SHRI ALI ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is promoting the use of iodized salt for removing deficiency of iodine;

(b) whether publicity material has been prepared by Government for it and it is being exhibited through various publicity channels; and

(c) if so, the names of experts/agencies whose assistance have been taken for preparation of these publicity materials?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Under the National Iodine Deficiency Disorders Control Programme (NIDDCP), the Government is promoting the use of iodated salt for prevention and control iodine deficiency disorders. Various prototypes publicity materials in form of posters, & pamphlets were prepared by different agencies and distributed to all States/UTs. Besides printing materials, extensive Information Education Communication (IEC) activities are being conducted through Doordarshan, All India Radio, Directorate of Field Publicity, Song & Drama Division, Directorate of Advertisement & Visual Publicity, State health Directorates etc.

Corruption checking measures

1612. SHRIMATI MOHSINA KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has announced its intention to re-examine all ongoing and future projects to ensure that they incorporate the lessons from a Detailed Implementation Review (DIR), which is an instrument used by the World Bank to help to assess the risk of fraud and corruption;

(b) if so, the details of programmes which have been covered under this; and

(c) what mechanism was used by Government to evaluate the health programmes till date and the reasons for shifting to the new system?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) On the 11th January, 2008, the World Bank has shared with us a report, *viz.*, DIR. This report is based on the review of five health sector projects which were being implemented during periods varying from 1997 till 2006 end. One project was under State health sector. All projects except for one relating to Food and Drug Capacity Building have ended. The last project is likely to be completed by June 2008. For AIDS and TB successor projects are under implementation.

In this report, the World Bank has mentioned deficiencies relating to procurement, oversight and implementation like collusion, bid rigging, deficiency in civil works, equipments not installed because of lack of staff etc. Majority of the deficiencies reported relate to decentralized procurements at the district level, which are implemented at the State level.

The World Bank report suffers from several infirmities. Ministry of Health & Family Welfare has already conveyed its reponse on the infirmities in the methodology adopted by World Bank emphasizing that they did not discuss with any of the programme officers either during the review or before finalizing the review report. These discussions would have clarified most of the issues mentioned in the report. Had this been done, most of the inferences would have been different.

Government of India is committed to elimination of any deficiencies or irregularities which are detected. Structural deficiencies which were noted in the earlier programmes have been taken care of in the successor programmes. It has been aware of many such irregularities and has taken action, if required in the past. Several criminal, penal and disciplinary actions have been taken such as:

(i) Suspended business with two firms *viz.* M/s. Nestor Pharmaceuticals and M/s. Pure Pharma in July, 2005 on charges of reported collusion.

(ii) A case was registered by CBI on 21.8.2006 against M/s. Pure Pharma and M/s. Nestor Pharmaceuticals and the case is at an advanced stage of investigation.

(iii) Two officers (Shri M.P. Gupta of Hospital Services Consultancy Corporation and Shri Vasant Bhat of Hindustan Latex Limited) from the Procurement Support Agencies, who were allegedly involved in procurement irregularities, were suspended in 2006 and continue to be under suspension. Departmental proceedings against them are also at an advanced stage.

The World Bank report has not taken note of all these actions.

The World Bank report also did not take note of the structural changes which have been initiated post 2005. A very important structural change which has been initiated by Government of India is the launch of National Rural Health Mission (NRHM) in April, 2005. NRHM has initiated the following architectural corrections in the public health delivery system:

* NRHM has in-built institutional and financial monitoring mechanism, e.g., Programme Management Units (PMUs) at State/District/Sub-district levels consisting of management, financial and IT experts.

* Community ownership, accountability and oversight through Village Health and Sanitation Committees at the village level and Rogi Kalyan Samitis (Patients Welfare Societies) at Sub-district and District Hospital level consisting of representatives of Panchyati Raj Institutions, civil society and Government health functionaries.
* The Mission emphasises on 'service guarantees' and not merely on the creation of buildings and purchase of equipments.
* Capacity Building of States for decentralized procurement.
* Electronic transfer of funds from Government of India to States and States to districts and E-Banking for real time financial reporting and monitoring.

In addition, in Centralized procurement, following corrective actions have been taken:

(a) Shifted the procurement reponsibility from Procurement Support Agencies to the United Nation Office for Project Services for Bank supported operations.

(b) Set up an Empowered Procurement Wing (EPW) to provide oversight to the procurement handled by Procurement Agents (PA). Developed procurement policies and standards for the health sector; and working on state procurement capacity building.

(c) Introduced measures to improve the competition, transparency and quality through the Governance and Accountability. Action Plan (GAAP) agreed for all health projects by the Bank in 2006.

(d) Prepared a compendium of technical specifications for medical equipment (more than 800) which is uploaded on the Health Ministry's website.

(e) Created the Financial Management Group (FMG) at the Health Ministry, support finance staff at State and District levels, developed detailed project specific financial management manuals.

(f) Developed detailed guidelines and operational manuals for procurement of NGOs and Public Private partnerships (PPPs) under HIV/AIDS control programme.

(g) Developed detailed procurement and financial manuals and trained state personnel.

(h) Introduced evaluation of NGO performance by Committee having one external evluator under HIV/AIDS control programme; and terminated contracts of about 25% NGOs which were non-complaint with the guidelines.

(i) Pre-award validation/certification of WHO GMP made mandatory in all cases.

Further, after receipt of the report, following actions have been taken:

(i) To address the systemic deficiencies pointed out in the World Bank report relating to procurement, implementation and oversight a Joint Action Plan has been finalised after intensive discussions with the World Bank keeping in mind specific interventions and timelines.

(ii) Three new cases pertaining to Chhattisgarh and Karnataka referred to CBI for further investigation. One of these was identified through an analysis of the audit report. In a similar case the Government of Orissa has filed a criminal case and initiated departmental proceedings.

(iii) Government of Orissa has now ordered a full-fledged vigilance inquiry to look into all deficiencies pointed in the World Bank report regarding the State Health System Project.

Malnutrition deaths

†1613. SHRI AJAY MAROO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether attention of Government has been drawn to the UNICEF report wherein it has been stated that in India more than five thousand children below five years of age die *every day due to malnutrition and other reasons;*

(b) if so, the information with Goverment in this regard;

(c) whether Government agrees with the facts given in this report; and

(d) if so, the steps being taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) According to the State of the World Children 2008 UNICEF Report, the mortality for children under the age of five is 76 per thousand.

According to the National Family Health Survey (NFHS-3) the mortality for children under the age of five is 74 per thousand. The Government of India, relies on the NFHS survey data for the under five mortality rates.

The Government is implementing the Reproductive and Child Health (RCH) II Programme *under the umbrella of the National Rural Health Mission (NRHM) to improve the availaibility* and access of quality health care for children in order to bring about a reduction in child mortality.

Diabetes patients

1614. DR. V. MAITREYAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total estimated people affected by diabetes in the country as of 2007;

(b) the total increase of such cases as compared to the previous years;

(c) the main causes of this disease in the country;

(d) what steps are being taken to educate the people about the effects of this disease and how to control the spread of this dreaded problem in the country; and

(e) whether it is also a fact that it is affecting even the younger generation in the country and if so, the action to contain the spread of diabetes in the youth of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Accoding to ICMR, it is estimated that there were about 3.78 crores cases of diabetes in India in 2004. The estimated *figure for 1998 was 3.12 crores. No year-wise date regarding number of diabetic* persons is available.

† Original notice of the question was received in Hindi.